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MILD COGNITIVE IMPAIRMENT - PHARMACOTHERAPEUTIC OPPORTUNITIES

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Introduction: Mild cognitive impairment (MCI) is considered today to be a prodromal stage of Alzheimer´s dementia, but without standardized pharmacotherapy.
Objectives: To follow the outcome of patients diagnosed with MCI treated with nootropics, alternative herbal agents, cholinesterase inhibitors.
Aims: To assess the efficacy of early treatment in MCI.
Methods: 200 patients (over 60 years) diagnosed with MCI were evaluated using the MMSE (Mini Mental State Examination) scale at screening, after 1 and 2 years of treatment. They were divided in four groups:
A -50 patients treated with Piracetamum 1600mg/day
B -50 patients treated with Rhodiola-rosea, 2capsules/day
C -50 patients treated with Galantamine, 16mg/day
D -50 patients not treated
Results: The improvement of the MMSE score was as following:

MMSE score	Screening	Improvement after 1 year	Improvement after 2 years
Group A	23.96	2.12	1.88
Group B	24.16	1.97	2.28
Group C	23.96	2.14	2.88
Group D	24.5	No improvement	-2.86 (worsening)

[Results]

Conclusions: Comparing the outcome of treated and non-treated groups, we observed that the early treatment of MCI delays the transition to dementia. The outcome of the treated groups after 1 year of treatment was approximately the same. Long-time treatment shows a better improvement in the group treated with cholinesterase inhibitors (Galantamine) compared to the other treated groups, but not statistically significant. Galantamine improves cognitive function. This study proves the necessity of early treatment for MCI to delay the transition to dementia.

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